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Memorandum

on the Report of the Working Party

on the Recruitment and Training of Nurses

submitted to

The Minister of Health

HISTORICAL

THE GENERAL NURSING COUNCIL FOR ENGLAND
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January 1948.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

23, Portland Place, London, W.1.

Memorandum

of the General Nursing Council for England and Wales on the Report of the Working Party on the Recruitment and Training of Nurses.

In this Memorandum the term " student nurse " refers to one who is undergoing a systematic course of training extending over the required statutory period. During this period of training she acquires her professional skill through supervised practice in various branches of the art of nursing closely correlated with appropriate theoretical instruction.

Conclusion 1.

" *The key problem in the present training system is wastage during training* (*para.* 88)."

(i) It is generally agreed that the statistics on which the conclusions are based must in many instances be misleading since they have been obtained from information relating largely to the period during the war when circumstances were far from normal and many girls had entered the nursing profession, not from a genuine desire to nurse, but solely in order to avoid being directed to other forms of work.

It is further noted that no specific mention is made in the Report of " dislike of contact with sick people " as a cause of wastage, when this is a fact known to be a very real cause ; since the opening of the Index of Student Nurses in June 1947 this reason has been returned in respect of 63 of the 311 student nurses who have discontinued training. It is strongly felt that this cause of wastage must be taken into account since it is one which inevitably occurs regardless of conditions of training and is only discovered by the student nurse after she has commenced training.

(ii) The reinstitution by the Council of the test examination in the form of an intelligence test and simple English and Arithmetic tests to be taken *before* entry to training by candidates not holding the requisite qualification will go far to eliminate totally unsuitable candidates at the outset.

If the training of pupil assistant nurses is to be continued, as the Council hopes will be the case, it is envisaged that candidates who appear to be unable to undertake successfully the theoretical part of the student nurse training but who are otherwise suitable could be encouraged to become pupil assistant nurses and would therefore not be lost to the nursing profession.

A personal interview with the Matron of the Training School, at which the candidate's suitability and aptitude for nursing may be assessed, is also essential. Proper selection of candidates at the outset would reduce considerably the adverse propaganda spread by unsuitable candidates who fail to complete training and who are anxious that the blame for their failure should rest, not upon themselves but upon the hospital.

(iii) The conduct of a comprehensive medical examination of each candidate before entry to training would go far to eliminate wastage during training; approximately 10% of the student nurses who have discontinued training since June 1st, 1947, when the Index was first opened have done so because of ill health.

The Council already recommends to training schools that the Medical Record Form issued by the King Edward's Hospital Fund for London should be used for maintaining health records throughout the student nurse's training.

(iv) The Council agrees most heartily with the conclusion contained in the Report that candidates should not be accepted for training below the age of 18 years.

Conclusion 2.

"*Nurses in training must no longer be regarded as junior employees subject to an outworn system of discipline. They must be accorded full student status so far as the intrinsic requirements of nurse training permit* (*para.* 108)."

(i) It is unanimously agreed that student nurses should not be subjected to an *outworn* system of discipline but discipline to a certain degree is essential for the good of the patients and the smooth running of a hospital; the rules relating to the Nurses Home should be such as are accepted and appreciated as being necessary to ensure the welfare and the comfort of those living within the Home.

(ii) The status of a nurse in training should be that of a *student* nurse (see definition of "student nurse" at the beginning of this Memorandum).

Conclusion 3.

"*A new procedure for selecting student nurses is required* (*para.* 108 *and chapter XI*)."

(See observations on Conclusion 1, Page 1.)

Conclusion 4.

"*There is need for a new procedure in selection for appointments to senior posts in hospitals* (*para.* 108 *and Appendix IV*)."

It is agreed that the selection of suitable persons for appointment to senior posts in hospitals is most essential but that this does not come within the jurisdiction of the General Nursing Council.

Conclusion 5.

" *The training day should be shortened to approximate to a " normal " working day. This involves the introduction of a three-shift system, which is as desirable for the trained as for the student nurse* (*paras.* 108 *and* 150)."

The policy of the Council is at the present time to recommend that the hours of duty of student nurses should amount to ninety-six hours a fortnight. (See also page 5 para. 3.)

Conclusion 6.

" *If student nurses were relieved of domestic work and of nursing duties dictated solely by the staffing demands of hospitals, a period of two years would suffice for a general training* (*paras.* 122 *and* 127)."

Also Conclusion 7–18 *relating to the proposed two year training.*

(i) It is realised that owing to the great shortage of domestic staff in hospitals, particularly during the war and after, much of the domestic work in many hospitals has had to be undertaken by student nurses. This fact is greatly to be deplored and has without doubt been the cause of much wastage during training. So far as the Council is concerned the only domestic work which is, or has ever been, recognised as coming within the province of the student nurse is the care of nursing equipment, and the performance of such domestic duties as are a part of the training during the preliminary course.

(ii) It is unanimously agreed that the eighteen months basic training followed by a six months elective period before being eligible to qualify as a State Registered Nurse would be inadequate for the following reasons :—

(*a*) Based on a five day training week of forty hours with twelve weeks in the Preliminary Training School, five weeks public health experience and nine weeks holiday, the amount of time to be spent by a student nurse in practical nursing in the wards and departments would in fact be reduced to the equivalent of 30 hours a week over a period of 51 weeks which is without question totally inadequate.

(*b*) It is essential that the nurse throughout her training should continue to undertake repetitive nursing duties—every patient re-acts differently to ill-health and the nursing procedures and treatments must be adjusted to the individual needs of each patient ; as the nurse progresses through her training, she approaches her nursing duties with additional theoretical knowledge, and her practical duties become of ever increasing value to her in applying such knowledge and in increasing her skill as a nurse. It is impossible to calculate the amount of time required to be spent on each patient ; in addition, student nurses vary considerably in the speed with which they become acclimatised to their new duties. It is most strongly felt that the nurse on completion of such training as envisaged in the Report would have no desire to continue to nurse in hospital and that the proposals, if carried out, would in fact defeat their own ends. The elimination of so-called " repetitive duties " on which the reduced training is based would result in robbing the student nurse not only of the ability to nurse but of satisfaction in nursing.

(iii) The Council considers to be highly unsatisfactory the proposal that a student nurse should become State Registered on completion of two years' training and should be issued with a licence to practise following a third year under supervision. It is pointed out, for instance, that a nurse who chooses public health as her speciality would be entitled to nurse any type of patient after having spent only 18 months of her period of training within a hospital. In addition, the difficulties involved in ensuring that persons who had not qualified to obtain a licence did not in fact undertake nursing without supervision would be almost insurmountable. It is also felt that the requirement of a supervisory year might be greatly abused in actual practice.

(iv) The outline of training suggested on pages 49-50 in the Report has been considered and the *content* approved as suitable with the exception that the experience to be gained in out-patient departments should be deleted from the separate headings and amalgamated under one heading, and that dermatology and dietetics should be added under Medicine, and ophthalmology, ear, nose and throat surgery and orthopædics under Surgery. The public health and normal psychological aspects of nursing must be kept to the fore throughout the training. The period to be spent in each branch as suggested in the Report would need to be proportionately increased to cover a period of three years. Any type of hospital which is found to be suitable—e.g., General, Sick Children's, Tuberculosis, Infectious Diseases, Mental—may act as the major training school and be the recruiting hospital for the training group. The minimum period to be spent in each branch of nursing would be laid down by the Council and the present affiliated and associated schemes of training would cease ; the times at which the examinations are taken would remain as at present, i.e., one at the end of the first year and one at the end of the third year of training. It is emphasied that such a training would be essentially basic and that the nurse would still be required to establish her knowledge and practise her skill after completion of training covering a period of only three years, as compared with the Council's previous proposals for a comprehensive scheme of training of four years duration.

The Council is of the opinion, provided that :

(*a*) the nurse during training is given the status of a student nurse, and

(*b*) she is not required to undertake any duties of a domestic nature, and

(*c*) a block or study day system is in operation

a comprehensive training could be undertaken in a minimum period of three years. The course would include the nursing of sick children and communicable diseases, including tuberculosis, three months' training in the nursing of persons suffering from mental illness, and an insight into public health. On completion of such training the nurse would be qualified to nurse any type of patients with the exception of those suffering from mental diseases in a mental hospital, and would be well equipped to undertake any further training such as midwifery or public health. The Council considers that as a long-term policy there is no reason why such a training should not be established ; it will be noted that this training covers the same period as that laid down in the Working Party Report. In the event of such a training being established the Supplementary parts of the Register would be closed, with the exception of the part of the Register for Mental Nurses.

In regard to the training of mental nurses, the Council is of opinion that this could be covered in a period of three years consisting of eighteen months basic training, as laid down in the Report, followed by eighteen months specialised *training* in mental nursing, the final examination to be taken at the end of three years. A general trained nurse wishing to qualify as a mental nurse would be required to undergo an additional eighteen months specialised training in mental nursing.

The Education and Examination Committee of the Council wish to add that in their opinion there would appear to be no reason why eventually the comprehensive training set out above should not be undertaken by mental nurses also and the part of the Register for Mental Nurses closed. The Mental Nursing Committee of the Council, however, are emphatic in their opinion that they are not able at the present time to envisage that such a suggestion would be practicable.

In addition it is agreed that the principle of unbroken periods of duty should be accepted for all student nurses, that they should work a forty-eight hour week including adequate clinical teaching, all official lectures, tutorial classes and certain periods for private study, and that their holidays should come within the three years, i.e. a holiday at the end of each nine months so that the final six months of training is unbroken.

Conclusion 19.

" *Consideration should be given to the application of the training scheme propose to the training of midwives* (*paras.* 142–5)."

In view of the fact that a Working Party on the training of midwives has now been set up but has not yet published a Report it is not felt possible to give an opinion until this Report has been considered.

Conclusion 20(*a*).

" *If student nurses are to be treated as students the following requirements must be met* :—

There must be adequate nursing and domestic staff in training hospitals (*para.* 146).

It is agreed that to ensure a proper status for the student nurse it is of the greatest importance that there should be adequate *trained* nursing staff and domestic staff in training hospitals. The student nurse should be supernumerary only at each new stage of her training until she has become accustomed to her duties and is able to take responsibility in the work which she is doing.

A greater degree of supervision is necessary during the first eighteen months training, and during the last eighteen months training the student nurse should be increasingly able to take responsibility and to assist in the teaching and supervision of the more junior nursing staff. The Council already safeguards the supervision of the student nurse by requiring a Schedule of Practical Ward Work to be filled in and initialled by a Ward Sister ; it is hoped that in the future more detailed records will be kept at the request of the Council of the experience gained

by the student nurse during training. It is essential that the student nurse shall be allowed to *nurse* and to realise her own individual responsibility towards the patients in her care, and it is considered that provided there is adequate teaching staff to ensure sound correlation of theory and practice, and sufficient trained staff to ensure that she receives proper supervision, the above system of training, if fully implemented, cannot fail to fulfil its purpose of producing good nurses.

Conclusion 20(*b*).

" *The course of training must be dictated by the needs of the students and not by the staffing requirements of hospitals* (*para.* 147)."

It is agreed that this is of paramount importance.

Conclusion 20(*c*).

" *The finance of nurse training should be independent of hospital finance* (*para.* 148)."

This point does not come within the jurisdiction of the Council.

Conclusion 20(*d*).

" *Students should be under the control of the training authority and not of the hospital, except as necessary for teaching and the care of patients* (*para.* 147)."

It is agreed that whilst the student nurse is working within the hospital she must in all respects be the responsibility of the hospital authority and that this point would be covered if the words " and not of the hospital " were deleted. The Council is not therefore in agreement with the second sub-paragraph of paragraph 147 (page 54).

It is felt most strongly that the allocation of students by the Regional Nurse Training Boards would not be welcomed by student nurses and consequently would have a most serious effect on recruitment.

The Council cannot accept the suggestion that training units should be under the control of independent Directors rather than that of the Matron of the principal hospital in each training unit. The proposed dissociation of responsibility would result in the loss of much that experience has proved of the greatest value in the training of nurses.

Conclusion 20(*e*).

" *The responsibility for determining the necessary recruitment and ensuring that it is secured should rest with the Health Departments* (*para.* 149)."

This is noted and agreed, provided that the responsibility of recruitment for individual hospitals continues to rest with the Matron as head of the nurse training school.

Conclusion 21.

"*Measures should be taken to provide adequate teaching staff trained in modern educational methods* (*paras.* 154–6)."

It is agreed that this is most important. The Council further desires to point out in regard to paragraph 155 (page 56) that the courses for Sister Tutors established under the ægis of the Universities provide training in the most modern educational methods.

Conclusion 22.
(Grants to Student Nurses)

Conclusion 23.
(Refresher Courses)

These points do not come within the jurisdiction of the Council.

Conclusion 24.

"*In each Hospital Region selected hospitals and public health agencies should be grouped to form composite training units covering the whole nursing field. Students would be students of the unit passing from one institution to another as necessary in the course of their training* (*para.* 186)."

Noted.

Conclusion 25.

"*One pioneer unit should be started in each Region as soon as possible* (*para.* 188)."

It is hoped that units will be started to cover a comprehensive training on the lines laid down on page 4 (paragraph iv et seq.) of this Memorandum, the Council being prepared as in the past to consider any scheme of training put forward for consideration. When experiments are being carried out it should be borne in mind that any hospital, e.g., general, sick children's, fever, tuberculosis or mental, with suitable facilities, might act as the major training school in the unit.

Conclusion 26.

"*Each unit would be under a Director or Principal and an Education Committee* (*paras.* 187 *and* 191)."

It is again felt that there would be danger in the division of responsibility for the training of the student nurse between the proposed Director of the training unit and the Matron of each training school forming part of the unit, although it is visualised that in some of the large units the Director may in fact be the Matron of the major training school. It is realised that it will be necessary for the tutors attached to the teaching unit to visit the individual hospitals to ensure proper correlation of the work of each student, but it is considered essential that the practical teaching of the student nurse while in the wards shall continue to be undertaken by the Ward Sister.

Conclusion 27.

"*The teaching resources of the institutions within the unit should form a common pool* (*para.* 187)."

Agreed.

Conclusion 28.

" *Aptitude for teaching must be taken into account in selecting sisters for wards or departments used for training purposes* (*para.* 187, *see Appendix IV and VIII, para.* 9)."

It is agreed that this is essential but it is pointed out that this has long been the practice in many training schools.

Conclusion 29 (*a*).

" *In each Region there should be a Regional Nurse Training Board with wide representation, the duties of which would include :—*

The planning and co-ordination of training facilities (*para.* 193)."

It is agreed that, as in the past, the Council should be the Body to whom any scheme of training should be submitted for approval.

Conclusion 29 (*b*).

" *The co-ordination of standards of admission and the allocation of students to training units with due regard to the candidate's choice* (*para.* 195)."

It is agreed that this is desirable having due regard to the requirements already laid down by the Council and provided that, all things being equal, the candidate is free to choose her own training school.

Conclusion 29 (*c*).

" *The approval of supervisors for the year of supervised practice* (*para.* 196)."

The Council is not in agreement with the proposed year of supervised practice.

Conclusion 29 (*d*).

" *The formation of Advisory Centres to stimulate interest in nursing and advise potential nurses* (*para.* 196)."

It is agreed that this should be helpful.

Conclusions 30, 31, 32 *and* 33.

" *We presume that National Standing Advisory Committees for Nursing will be set up by the Ministers concerned to advise on the administration of nursing services and the organisation of the system of training ; these Committees would advise on national standards for the admission and training of students* (*para.* 197)."

" *The Nursing Divisions of the Health Departments should be strengthened by the appointment of Advisers on Nursing Education. It would be a function of the Divisions to approve and inspect training units* (*para.* 198)."

" *There should be set up at the Health Departments Headquarters Research Units to initiate and co-ordinate research work on nurse training and to give technical advice on matters of policy affecting the nursing profession* (*para.* 199)."

" (*Proposed establishment of Experimental Centres of training*)."

The Council cannot emphasise too strongly that in its opinion, as the Statutory Body responsible for the examination of nurses, it must also be responsible for the education of nurses. Confusion would be created throughout the country unless national standards for the admission and training of student nurses continue to be laid down by the General Nursing Council.

The Council emphasises that the inspection of hospitals in relation to nurse training must remain under the jurisdiction of the Council with its many years' experience of such work, and that the Council must continue to be responsible for the supervision of training and the standards of nurse education.

The functions of the Council should be widened. National standards for admission to training, education, approval and inspection of hospitals, and the conduct of examinations should continue to be in the hands of the Council who should be further empowered to encourage research into training measures and to approve the conduct of experiments relating to nursing training within training schools.

Conclusion 34.

"*There should be one General Nursing Council for Great Britain; it should include governmental, university and other educational representatives and nurses elected regionally* (*para.* 204)."

(i) In regard to paragraph 201 it is desired to point out that the Council is not only "responsible for the examination, registration and discipline" but also for laying down educational standards of training. (*See above.*)

(ii) The Council agrees with the suggestion contained in paragraph 202 that it would appear desirable for persons connected with the Universities to be appointed to the Council, particularly in view of the Sister Tutor Courses now approved by the Council and conducted under the ægis of the Universities, and it is pointed out that it is possible for this to be effected under the existing constitution of the Council by the appointment of suitable persons amongst the five members appointed by the Minister of Health, the two members appointed by the Minister of Education, or the two members appointed by the Privy Council.

(iii) In regard to the opening of paragraph 203 which states "setting aside Government representation on the Councils" it is desired to emphasise that the members appointed to the Council are not in any way *representatives* of the Bodies by whom they are appointed. In regard to the criticism that Municipal Hospitals and Public Health fields are insufficiently represented on the Council it is pointed out that it is open to the Minister of Health to include such persons amongst the five persons he is entitled to appoint to the Council, and further that on two occasions when a vacancy occurred among the elected representatives during the term of office of the Council, a Matron of a Municipal Hospital has been appointed by the Council to fill the vacancy. Since the Municipal Hospitals will disappear as such when the National Health Service comes into operation this point will not arise in future.

The Council is of opinion that the existing constitution of the Council is satisfactory but that in the event of the special parts of the Register being dispensed with the constitution of the Council will require further consideration. It is the general feeling of the Council that it would be most unwise to make any alteration in the constitution until the National Health Service has been in operation for some years, but in view of the fact that the next election of direct representatives to the Council is due to take place in 1949 the Council would be glad to have an opportunity to discuss this matter with the Minister.

(iv) In regard to paragraph 204 which suggests the amalgamation of the General Nursing Councils into a General Nursing Council for Great Britain it is agreed that such a proposal would be altogether too unwieldy. Such amalgamation would create great practical difficulties in relation to travelling and would result in over centralisation of the work of the Councils concerned.

Conclusion 35.

(*Proposed amalgamation of General Nursing Councils and Central Midwives' Boards*).

See paragraph (iv) in Conclusion 34, above.

Conclusion 36.

"*Candidates for nurse training who are below the level of ability required to complete the course successfully, but are otherwise suitable, should be encouraged to accept employment in a capacity ancillary to nursing* (*para.* 62)."

Such candidates should be encouraged to take up assistant nurse training.

Conclusion 37.

"*For some time it will be essential to use the services at least of those Assistant Nurses now employed, but such a grade with a two-year training should not be perpetuated* (*paras.* 247 *and* 249). *The Roll should be closed at a given date and to fill the gaps their duties should be allocated partly to trained staff and partly to nursing orderlies who would replace Assistant Nurses* (*para.* 250)."

(Paragraphs 235–252 relating to Assistant Nurses have been given individual consideration as below).

Paragraphs 235 *and* 236. (*Information relating to the establishment of the Assistant Nurses Roll and the laying down of conditions of training by the Council*).

Noted.

Paragraph 237. (*Without the Assistant Nurse the nursing services would have broken down particularly in institutions for the chronic sick. Normal wastage of Assistant Nurses not being counter-balanced by new entrants ; lack of applications for Assistant Nurse Training*).

It is agreed that the Assistant Nurse is a vital part of the nursing services of the country but that the number of pupil Assistant Nurses coming forward for

training is not satisfactory and that wastage is not being counterbalanced by a sufficient number of new entrants ; grave concern is felt as to the future care of the chronic sick since the Roll of Assistant Nurses was set up primarily to ensure the efficient and adequate nursing of this type of patient.

Paragraph 238. (*Limitation of the Assistant Nurse's activities chiefly to the sphere of the chronic sick which debars her from wider opportunities of promotion main obstacle to recruitment. The Assistant Nurse should be used for every field of work.*)

It is not agreed that the Assistant Nurse is debarred from wider opportunities of promotion by " limitation of her activities chiefly to the sphere of the chronic sick "—the Assistant Nurse will always be debarred from opportunities of promotion beyond a certain level by virtue of the fact that she is a second-grade nurse. Whether or not the requirements laid down by the Council that at least one year of the two years' training must be spent in the nursing of the chronic sick is in fact an obstacle to recruitment cannot be definitely known. The Council feels that the chief reason for the dearth of Assistant Nurses is an economic one and that if salaries are substantially increased recruitment would be intensified. Once the pupil Assistant Nurse becomes an Enrolled Assistant Nurse she is in no way limited in her choice of work.

It is understood that the title " assistant nurse " may be acting as a deterrent to recruitment. Whilst having no alternative suggestion to put forward at the present time, the Council wishes the Minister to know that they are giving the matter consideration.

Paragraph 239. " *The basic problem is whether or not it is necessary to employ an ancillary nursing service comprising persons who, for the purpose of the duties assigned to them, do not require the training of the recognised State Registered Nurse.*"

The Council is of opinion that it will be necessary to employ an ancillary service of *ward* orderlies but not *nursing* orderlies. The instruction of ward orderlies is a matter which it is felt should receive very careful consideration, but which does not come within the jurisdiction of the Council.

Paragraph 240. (*Information regarding categories of the Assistant Nurse in other countries.*)

Noted.

Paragraph 241. (*Present employment of Assistant Nurses—chiefly in chronic sick wards of municipal training schools but in acute wards of non-training schools.*)

Noted.

Paragraph 242. (*Difficulties of employing Assistant Nurses in Mental Hospitals.*)

Noted.

Paragraph 243. (*Employment of Nursing Assistants in Mental Hospitals, the majority of whom have failed to pass the requisite examinations and have been retained in the employment of the Hospital.*)

Noted.

Paragraph 244. "*It is in hospitals for tuberculosis, infectious diseases and the chronic sick that the majority of institutional Assistant Nurses are employed; these institutions owe their continued existence as functioning units to-day very largely to the Assistant Nurse.*"

Agreed.

Paragraph 245. (*Two schools of thought regarding the future of the Assistant Nurse—(i) Introduction of Assistant Nurse a retrograde step and all duties directly connected with the patient should be performed only by a Registered Nurse relieved entirely of domestic duties by ward maids or ward orderlies; (ii) While accepting the need for ward maids there will always be scope for an auxiliary nursing grade to supplement the work of the trained nurse and that much of the repetitive work done by student nurses and Registered Nurses should be undertaken by this grade.*)

Noted. (See following paragraph.)

Paragraph 246. (*View of members of the Working Party largely in line with second school of thought given above but could not accept suggestion that the trained nurse should be absolved from all repetitive work.*)

The Council agrees that there is ample scope for the Assistant Nurse to supplement the work of the Registered Nurse. It is felt most strongly that the student nurse and Registered Nurse should not be absolved from so-called "repetitive work."

Paragraph 247. "*It is clear that for some time to come, owing to the shortage of trained staff, it will be essential to continue to use the services at least of those Assistant Nurses now recognised and employed. Such evidence as we have been able to obtain points to the fact that useful service can be rendered in the nursing of mental and tubercular patients, and probably also of fever patients and chronic sick by persons who are not fully trained nurses.*"

Noted.

Paragraph 248. "*We have reached the conclusion that in hospitals of all types, though in varying degrees, there is room for the employment, in addition to the qualified State Registered Nurse, of a nursing orderly grade which would be concerned with the simpler and more routine nursing duties that do not require a background of full nurse training.*"

The Council is not in agreement with the above paragraph as it stands, but recommends that there is room for the employment in addition to the Registered Nurse *and the Enrolled Assistant Nurse*, of a grade of *ward* orderly.

Paragraphs 249 *and* 250. "*We do not, however, favour perpetuating a grade such as the present Assistant Nurse with a two-year training. We have not analysed the training of the Assistant Nurse as we have that of the State Registered Nurse, but we have little doubt that it would be found that a substantial reduction of time could be effected without lowering the actual standard of attainment, particularly having regard to the fact that one of the present two years is devoted to the nursing of the chronic sick. A shorter training—say, three to six months, which we contemplate would probably suffice—could, we suggest, hardly justify statutory recognition and the use of the title "Nurse." There is no question, of course, of suggesting the discharge of those Assistant Nurses now employed, but only of discontinuing the recruitment of pupil Assistant Nurses. The Roll should be closed at a given date in the near future, and thereafter, to fill the gap, the duties now undertaken by Assistant Nurses would be allocated partly to trained staff and partly to the grade of nursing orderly, which we propose should replace the Assistant Nurse. The employment and training of nursing orderlies is a matter that calls for further investigation to assess the effectiveness of such a grade and to determine the exact content and length of the training required.*"

The Council notes the fact that the members of the Working Party have formulated their views regarding the future of the Assistant Nurse without having analysed the training of the pupil Assistant Nurse. In addition, the Council is of the opinion that no judgment can be passed upon the training of the Assistant Nurse until it has been in operation for some considerable time. It is therefore, considered that to discontinue the recruitment of pupil Assistant Nurses and to close the Roll in the near future would be a most retrograde step and would result in the care of the chronic sick being entrusted chiefly to untrained people. It is therefore most strongly recommended that the training of pupil Assistant Nurses should continue until at least three years have elapsed after the date (January 1st, 1949) on which the Roll will be closed to all except those admitted by examination ; at that time the matter could be further reviewed in the light of the information then available.

The Council further feel most strongly that the length of training of the pupil Assistant Nurse cannot be reduced from the existing two years.

The opinions of the Council regarding the employment and training of orderlies have already been given in the replies to paragraphs 239 and 248.

Paragraphs 251 *and* 252. (*Proposals relating to nursing orderlies*). See paragraphs 239, 248, 249 and 250 for Council's views on orderlies.

The Council wishes to emphasize that it is of the opinion that insufficient thought and care has been given by the Working Party to matters relating to the Assistant Nurse and that the proposals contained in the Report, which would virtually undo the work of the Assistant Nurses Committee over the past four years, would appear to have been made without due consideration.

Conclusions 38–40.

(*Number of nurses required to carry out recommendations contained in the Report*).

Noted.

In conclusion the Council desires to draw the attention of the Minister to the fact that the Report of the Working Party would appear to have been drawn up with insufficient thought of the needs of the patient which in fact form the basis on which any conclusions relating to nurse training must be built.

Summary of the Main Conclusions of the General Nursing Council on the Report of the Working Party on the Recruitment and Training of Nurses.

The Council put forward these recommendations to the Minister as they feel the conclusions of the Working Party, particularly with regard to the *reduced* length of training which it is claimed would be sufficient to cover an *increased* content would, if carried out, be a retrograde step. Student nurses would find it impossible to absorb so much in so short a time ; Ward Sisters and Sister Tutors would find it impossible to train student nurses in the shortened period. Such a crammed training would not, in the opinion of the Council, recruit additional student nurses and would cause serious wastage amongst trained staff in hospital.

1. The Test Examination as laid down by the General Nursing Council to be taken *before* entry to the training school by every candidate not holding the requisite qualifications.

2. Every candidate to undergo a comprehensive medical examination before entry to the training school.

3. Every candidate to be interviewed by the Matron of the training school, when the candidate's suitability for training may be assessed.

4. No candidate to be admitted to training before attaining the age of 18 years.

5. Every candidate to be free to apply to the training school or training unit of her choice.

6. Every nurse in training to be accorded the status of student nurse and to be taught the art of nursing :—

(i) By acquiring her professional skill through supervised practice in the various branches of nursing under the tuition of the sisters of the ward or department.

(ii) By taking her appropriate share of the work and responsibilities of the ward or department.

(iii) By sound theoretical teaching carried out by the Medical Staff and Sister Tutors in the form of lectures, demonstrations, clinical classes, and tutorials. Sister Tutors should be available for coaching classes and individual tuition as required.

7. Training to be Basic, Comprehensive, and of Three Years Duration in which the Physical, Social and Psychological Aspects of Nursing are integrated throughout and, in addition to a period of preliminary instruction before entry to the wards, to include experience in the following branches :—

(i) Medical nursing, including special branches such as Dermatology and Dietetics.

(ii) Surgical nursing, including special branches such as the nursing of Orthopædic, Ear, Nose, and Throat and Ophthalmic conditions and Operating Theatre experience.

(iii) Pædiatric nursing.

(iv) Gynæcological nursing.

(v) Nursing of Communicable Diseases including Tuberculosis.

(vi) Psychiatric nursing.

(vii) Obstetric nursing.

8. A block or study day system of training to be established.

9. Hours of duty of student nurses not to exceed 96 hours a fortnight inclusive of theoretical training, until such time as a system of unbroken periods of duty can be adopted to cover a 48-hour week to include clinical teaching and lectures, tutorial classes and period for private study.

10. The times at which the examinations are taken to remain as at present, i.e., one at the end of the first year and one at the end of the third year of training.

11. Any type of hospital—General, Sick Children, Infectious Diseases, Tuberculosis, Mental—found to be suitable can be the major training school and the recruiting hospital for the training group.

12. Student nurses working within the hospital should be in every respect the responsibility of the hospital authority.

13. The Matron of the major hospital in the training group to be responsible for the training of the student nurses, with a Senior Sister Tutor co-operating with the Matrons of all Hospitals in the training group to co-ordinate training.

14. One General Register only to be maintained by the Council for male and female nurses, and one Register for Mental Nurses. The Supplementary parts of the Register for Sick Children's Nurses and Fever Nurses to be closed at a date to be decided.

15. The General Nursing Council as heretofore to be responsible for :—

Education and Training.
Examination.
Registration.
Discipline.
Inspection of Training Schools.

The Council considers it essential that it should remain responsible for the education aud training of student nurses and for the inspection of training schools. It is suggested that the Council should be empowered to encourage research and the carrying out of experiments by Nurse Training Schools.

16. The Roll of Assistant Nurses to remain open and the training of Pupil Assistant Nurses to be continued until such time as there are sufficient trained nurses available for the needs of the country.

17. As the prospects of promotion of the Assistant Nurse are limited this should be compensated by substantially higher salary which would go far to stimulate recruitment.

18. The grade of Nursing Orderlies not to be established but Ward Orderlies to be employed to relieve nurses of all domestic duties.

19. The Council urge the Minister of Health to give all possible help and ask him to gain the help of the Minister of Labour and National Service in the urgent recruitment of Ward Orderlies and domestics, as being one of the main difficulties of hospitals and one of the greatest factors in the wastage of student nurses during training.

20. Constitution of the General Nursing Council to remain unchanged pending the closing of the Supplementary parts of the Register ; University representatives in the meantine to be included among the members.

21. The General Nursing Councils not to be amalgamated into one Body which would prove too unwieldy for practical purposes.

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